

CITY OF GULFPORT

REQUEST FOR EMERGENCY PAID SICK LEAVE (EPSL) UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)

Name: _____ Department: _____

Date EPSL is to begin: _____

- I request Emergency Paid Sick Leave under the Families First Coronavirus Response Act. I qualify for said leave for the following reason (please check applicable reason)

_____ I am subject to a Federal, State or Local quarantine or isolation order related to COVID-19

_____ I have been advised by a health care provider (as defined in FMLA) to self-quarantine due to concerns related to COVID-19

_____ I am experiencing symptoms of COVID-19 and seeking a medical diagnosis

_____ I am caring for an individual who is subject to a quarantine or isolation order related to COVID-19 or has been advised to self-quarantine due to concerns related to COVID-19

_____ I am caring for my son or daughter (biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis who is under 18) and his/her school or place of care has been closed, or his/her child care provider (see definition below) is unavailable, due to COVID-19 precautions OR I have an adult son or daughter with a mental or physical disability who is incapable of self-care due to that disability as per Department of Labor Wage and Hour Division Fact Sheet #28K

Child care provider is defined as a provider who receives compensation from providing child care services on a regular basis including an “eligible child care provider” under the Community Development Block Grant Act of 1990.

_____ I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

- I have attached hereto documentation in support of the item that I checked above (i.e., proof that school is closed, health care provider’s order to self-quarantine, proof of testing, etc).

I hereby certify that the foregoing is true and correct that I understand that falsely claiming Emergency Sick Leave pay may result in discipline and other punishments as allowed by law.

Employee’s Signature

Date

Approvals:

Director's Signature

Date

Human Resources

Date